The Seattle Area Young Men's Survey: Phase 2 results

ublic Health - Seattle & King County recently completed Phase 2 of the Young Men's Survey (YMS 2). The purpose of this study was to gain a better understanding of the prevalence of HIV and hepatitis A and B, and sexual and drug-use risk behaviors among young men who have sex with men (MSM). YMS Phase 1 (15-22 year old MSM) was conducted between October 1997 and October 1998. Data collection for Phase 2 (22-29 year old MSM) occurred between December 1998 and February 2000. YMS was part of a multi-site Centers for Disease Control and Prevention study that was also conducted in the San Francisco Bay area, Los Angeles,

Baltimore, Dallas, Miami, and New York City.

In the Seattle-King County

area MSM account for 82% of persons living with AIDS and 75% of persons living with non-AIDS HIV infection. In recent years rates of infection with syphilis, gonorrhea, and chlamydia have increased among King County MSM indicating high levels of risky sexual behaviors among some MSM and there is great concern about the risk and spread of HIV and other sexually transmitted diseases in younger MSM. Most other surveys of young MSM have used convenience samples and their results cannot be generalized to broader populations of young MSM. Prior to YMS there was little local information available to guide prevention planning and evaluation efforts for young MSM. This report presents an overview of results from the Seattle Area Phase 2 YMS. Results from YMS Phase 1 were reported in earlier issues of this publication (4th Quarter 1998 and 2nd quarter 1999).

Methods

The Young Men's Survey was an anonymous cross-sectional probability sampling survey that used multi-stage sampling methods to recruit young men at venues that were frequented by young MSM.1 Sampling venues were identified through a community assessment process and included street locations, bars, dance clubs, parks, beaches, and other locations or events that are popular with younger MSM. Venues that yielded 7 or more eligible persons in a 4-hour period were included in a sampling frame from which 12-14 venues were randomly chosen every month to construct a sampling calendar. During sampling events YMS interviewers approached potential participants and asked them about their age and county of residence to determine eligibility. Those between 23 and 29 years old who resided in King County were invited to participate. Participants could either complete the study at the time of recruitment (inside a

> specially equipped recreational vehicle parked nearby) or make an appointment at the YMS office on Capitol Hill.

After obtaining informed consent, study interviewers administered a standardized questionnaire that included questions on sociodemographic characteristics, sexual and drug use behaviors, and health care and prevention services history. Following the interview, pre-test counseling for HIV, hepatitis A

and B, syphilis and other sexually transmitted diseases (STDs) was conducted and a blood sample was drawn. All participants received a monetary incentive and were offered free condoms and risk-reduction information. A results and post-test counseling appointment was also scheduled. Referrals for hepatitis A and B vaccinations and other health and social services were provided as needed. Stored sera were tested for antibodies to hepatitis C after all data collection was completed.

Results

Between December 1998 and February 2000 the YMS team conducted 197 sampling events at 27 different community venues and intercepted 2,843 men of whom 934 (36%) were eligible for the study. A total of 506 (54%) agreed to participate, 92% (468) of whom were MSM. After exclusion of data from 5 duplicate participants and one participant whose responses were judged to be unreliable, the final sample available for this analysis was 462 MSM.

Sociodemographic characteristics (Table 1):

The vast majority (85%) of the participants identified as gay. The median age of the respondents was between 25 and 26. Over three-quarters were White, 9% were Asian or Pacific Islander, 5% were Hispanic, 4% Black, and 1% American Indian or Alaska Native. The majority was employed full-time. Well over half had a college degree and another quarter had some college experience; 13% were currently in school. The median income was between \$20,000 and \$29,000. Most lived with friends or roommates (43%) or alone in a house or apartment (28%); 20% lived with a sex partner.

Sexual behavior (Tables 2, 3 and 4): Ninety-two percent reported ever having had anal sex with another man and 78% (361) reported anal sex with another man in the past 6 months (Table 2). While over half of the participants

reported ever having had sex with a female, only 8% reported sex with a female in the past 6 months. The median number of lifetime male sex partners was 20 and the median for the past 6 months was 2. In the past 6 months, 28% reported one male partner, 36% 2-4 male partners, and 29% 5 or more male partners. When asked about type of male sex partner in the past 6 months, 71% reported at least one new male sex partner, 75% reported at least one steady male sex partner (regular boyfriends or lovers with whom the participant had sex 3 or more times), 59% reported at least one non-steady male sex partner (pick-ups, one-night stands, or casual partners with whom the participant had sex less than 3 times), and 3% reported at least one exchange partner (partners with whom the participant had sex in exchange for things like money, food, or drugs).

The questionnaire asked about condom use during anal sex with other men in the past 6 months and about number and type of sex (anal or oral) partners in the past 6 months, but it did not ask about condom use with individual partners or with specific type of partners. Overall, 49% (224) of all participants

Table 1. Sociodemographic characteristics of Seattle-King Co. YMS 2 participants

Sociodemographic characteristics	Total N=462	Sociodemographic characteristics	Total N=462
Sexual identity		Education	
Gay	85.2	High School/GED or less	11.5
Bisexual	8.3	Technical/vocational	5.6
Heterosexual	2.8	Some college	27.1
Don't know	3.7	College degree	55.8
Age		Currently in school	
23-26 years	58.4	Yes	13.0
27-29 years	41.6	Income	
Race/ethnicity		<\$15,000	15.8
White	76.8	\$15,000-29,999	41.8
Black	3.7	\$30,000-39,999	23.2
Hispanic/Latino	5.4	<u>></u> \$40,000	19.3
American Indian/Alaska Native	0.9	Living status	
Asian/Pacific Islander	9.3	Alone in house/apartment	28.4
Other	3.9	With parents/guardians/ relatives	7.6
Working status		With friends/roommates	42.9
Full-time	81.8	With sex partner	20.1
Part-time/Occasionally	9.7	Other	1.1
Unemployed	8.4		

reported not always using a condom during anal sex with men in the past 6 months (Table 2). Among the 361 respondents who reported anal sex with a man in the past 6 months, 20% never used a condom, 42% used a condom sometimes and 38% always used a condom (Table 3). Young men with two or more partners were more likely to have used a condom either sometimes (50%) or always (39%) compared to those with only one partner (20% and 34%, respectively). Participants who reported new partners or non-steady partners were also more likely to report condom use than those who did not report these types of partners.

Table 4 shows the different reasons for not always using a condom among those with only one partner in the past 6 months and those with two or more partners in the past 6 months. Ninety-two percent of those with one sex partner said that "being in a mutuallyfaithful relationship" was the reason they didn't use a condom. Among those with 2 or more male sex partners in the past 6 months, 47% (77) also said the reason was that they were in a mutually-faithful relationship. When further questioned whether their unprotected sex was only with partners with whom they had a mutually-faithful relationship, 58 of 77 (75%) responded yes. Fifty-one of these 77 men reported 2-4 partners and 26 reported 5 or more partners in the past 6 months. Other common reasons for not always using condoms among those with multiple partners included knowing that they were HIV-negative (56%), knowing that their partners were HIV-negative (47%), knowing that they both had the same HIV status (51%), or believing that their partners were at low risk (52%). Forty-seven percent said that they did not use a condom because "they were in the heat of the moment" and 27% said it was because they were high on drugs or alcohol. About one-third said that either they or their partners did not like using condoms.

Drug and alcohol use (Table 5): Virtually all respondents had used alcohol and 82% had used some form of drugs in their lifetime; 63% had used drugs in the past 6 months. Overall, 71% had been high or buzzed on alcohol (63%) or drugs (39%) during sex in the past 6 months. The most commonly used drug was marijuana (78%) followed by LSD or other hallucinogens (45%), ecstasy (41%), poppers (40%), cocaine or crack (36%), and crystal (32%). In the 6 months prior to the interview 52% had used marijuana, 24% ecstasy, 22% poppers, and 18% crystal. Five percent reported ever having injected drugs and 1% had injected in the past 6 months.

Health history (Table 6): Over two-thirds reported a regular source of health care, with health care maintenance organizations being

Table 2. Sexual behaviors among Seattle-King Co. YMS 2 participants

Sexual behaviors	Total N=462	Sexual behaviors	Total N=462
Anal sex with men		Male sex partners last 6 mos.*	
Ever	92.4	0	7.8
Past 6 months	78.1	1	27.5
Sex with female		2-4	36.1
Ever	57.8	<u>≥</u> 5	28.6
Last 6 months	8.0	Type of male sex partner last 6 mos.*	
Male sex partners ever*		New	70.8
1-4	11.9	Steady	74.7
5-9	15.2	Non-steady	59.3
10-19	21.6	Exchange	2.6
<u>≥</u> 20	51.3	Condom use last 6 mos.**	
		Not always	48.5

^{*} Includes partners with whom participant had anal or oral sex

^{**} Denominator includes all YMS MSM participants; only 78% reported anal sex with another man in the past 6 months

Table 3. Condom use during anal sex in the past 6 months among Seattle-King Co. YMS participants

Sexual behaviors and partner	Any condom use in the past 6 months* N=361			
characteristics	Total	Never	Sometimes	Always
	N (col %)	N (row %)	N (row %)	N (row %)
Type of anal sex				
Any anal sex	361 (78.1)	72 (19.9)	152 (42.1)	137 (38.0)
Insertive anal sex	320 (69.3)	63 (19.7)	145 (45.3)	112 (35.0)
Receptive anal sex	296 (64.1)	56 (19.0)	129 (43.9)	110 (37.2)
Number of partners				
1	93 (25.8)	42 (45.2)	19 (20.4)	32 (34.4)
<u>≥</u> 2	268 (74.2)	30 (11.2)	133 (49.6)	105 (39.2)
New partner				
0	81 (22.4)	39 (48.2)	18 (22.2)	24 (29.6)
1	61 (16.9)	16 (26.3)	22 (36.1)	23 (37.7)
<u>></u> 2	219 (60.7)	17 (7.8)	112 (51.1)	90 (41.1)
Non-steady partner				
0	127 (35.2)	46 (36.2)	35 (27.6)	46 (36.2)
<u>≥</u> 1	234 (64.8)	26 (11.1)	117 (50.0)	91 (38.9)
Steady partner				
0 - 1	240 (66.5)	64 (26.7)	88 (36.7)	88 (36.7)
<u>>2</u>	121 (33.5)	8 (6.6)	64 (52.9)	49 (40.5)

^{*} The questionnaire asked about number and type of sex partners and about condom use in the past 6 months, but it did not did ask about condom use with specific or individual male partners. Thus condom use refers to any condom use in the 6 months prior to the interview.

Table 4. Reasons why condoms were not always used during anal sex in the past 6 months among Seattle-King Co. YMS participants

Any reasons why condoms were not used	Didn't always use condoms during anal sex in the past 6 months N=224			
during anal sex with male partners in the past 6 months	Total N=224 %	1 partner* N=61 %	≥2 sex partners* N=163 %	
Didn't like using condoms	35.7	37.7	35.0	
Partner didn't like using condoms	33.5	34.4	33.1	
No condom was available**	16.1	6.6	19.6	
Didn't worry about using condoms**	46.9	60.7	41.7	
Didn't think he could get/transmit HIV	16.5	23.0	14.1	
Were in the heat of the moment**	38.4	16.4	46.6	
High or buzzed on drugs or alcohol**	21.0	4.9	27.0	
Knew he was HIV-negative**	62.1	78.7	55.8	
Knew partner was HIV-negative**	53.6	72.1	46.6	
Knew he and partner had same HIV status**	58.9	80.3	50.9	
Thought partner was at low risk for HIV	52.2	52.5	52.2	
Was in mutually faithful relationship**	59.4	91.8	47.2	

^{*} The YMS participants included in this table had all had unprotected anal sex with another man in the past 6 months. However, questions regarding number of sex partners do not distinguish between oral and anal sex partners and it is possible that some of the sex partners were oral sex partners only.

^{**}Indicates a statistically significant difference at p<0.05 in reason for not using a condom between those with 1 partner versus those with 2+ partners

the most common source (29%) followed by a physician or group practice (non-HMO) (23%). One-quarter reported having been diagnosed with a sexually transmitted disease at least once in their life. One-third had completed the 3-shot hepatitis B (HBV) vaccination series and 21% had completed hepatitis A (HAV) vaccinations. Among those who had not been vaccinated the most common reasons was not having been informed about the vaccine by their health care provider (45% for HAV and 42% for HBV vaccinations), and lacking knowledge about the vaccine (22% for HAV and 37% for HBV vaccination). Seventeen percent said they were not vaccinated because they were at low risk for HAV and 18% said they were at low risk for HBV. Lack of time was cited as a

reason by 10% of those without HAV vaccination and 8% of those without HBV vaccination. Eight percent said that they had already had HAV or HBV infection. Only about 5% said that cost was an issue. More than 90% had previously been tested for HIV—17% within 3 months, 33% within 6 months, and 58% within a year.

Prevalence of infections (Table 7): A total of 22 (5%) participants were seropositive for HIV and 13 (59%) knew of their positive HIV status. Nineteen percent showed serological markers for prior infection with hepatitis B; less than 2% had chronic hepatitis B infection and 40% were seropositive for surface antibodies indicating immunity as a result of

Table 5. Drug and alcohol use behaviors among Seattle-King Co. YMS 2 participants

Drug and alcohol use behaviors	Total N=462 %	Drug and alcohol use behaviors	Total N=462 %
Alcohol use		Poppers or nitrites	
Ever	98.5	Ever	39.8
Last 6 months	94.8	Last 6 months	22.1
High during sex last 6 months	62.9	High during sex last 6 months	18.6
Any drug use		Crystal	
Ever	82.3	Ever	32.3
Past 6 months	63.4	Last 6 months	18.2
High during sex last 6 months	39.0	High during sex last 6 months	10.6
Marijuana/Hash		Uppers/Speed*	
Ever	77.5	Ever	14.5
Last 6 months	51.9	Last 6 months	2.6
High during sex last 6 months	22.3	High during sex last 6 months	0.6
Ecstasy/XTC		Cocaine or crack	
Ever	40.7	Ever	36.1
Last 6 months	23.8	Last 6 months	16.4
High during sex last 6 months	11.9	High during sex last 6 months	5.4
LSD/Hallucinogens		Downers/Barbiturates	
Ever	45.2	Ever	14.9
Last 6 months	13.2	Last 6 months	7.8
High during sex last 6 months	4.1	High during sex last 6 months	2.0
Special K		Heroin	
Ever	15.6	Ever	4.8
Last 6 months	6.5	Last 6 months	0.9
High during sex last 6 months	2.4	High during sex last 6 months	0.6
GHB		Injected drugs	
Ever	10.6	Ever	5.2
Last 6 months	4.6	Last 6 months	1.3
High during sex last 6 months	1.3		

^{*}Not including crystal or cocaine

Table 6. Health history among Seattle-King Co. YMS 2 participants

Heath history	Total N=462 %	Heath history	Total N=462 %
Source of regular health care (any)		Hepatitis B vaccination	
Health Maintenance Organization (HMO)	28.6	Yes - completed series	32.5
Physician's office/non-HMO group practice	22.5	Yes - did not complete series	6.9
Community health clinic	5.8	Hepatitis A vaccination	
Hospital	4.3	Yes - completed series	21.0
Other	6.9	Yes - did not complete series	6.9
No regular source of health care	31.8	Received HIV testing	
Ever had a sexually transmitted disease		Ever	91.1
Yes	25.8	In the last 6 months	33.2

Table 7. Prevalence of sexually and parenterally transmitted infections among Seattle-King Co. YMS 2 participants

Serologies	Total N=462 % reactive
HIV (anti-HIV+)	4.8
Syphilis	0.4
History of hepatitis B infection (anti-HBc+)	18.5
Chronic hepatitis B infection (HBsAg+)	1.5
Hepatitis B immunity (anti-HBs+)*	40.0
Hepatitis A immunity (IgG+)*	28.1
Hepatitis C (anti-HCV+)	0.9

^{*}Either as a result of natural infection or vaccination

past infection or vaccination. Twenty-eight percent were positive for hepatitis A antibodies due to prior infection or vaccination; 50% of these young men reported either a complete or a partial HAV vaccination series. Four (less than 1%) were seropositive for hepatitis C, 2 of whom reported a history of injection drug use. Only 2 participants tested positive for syphilis. Seventy percent of all participants returned for their test results.

Comments

Results from this survey show that the majority of participants had multiple recent sex partners, many of whom were new sex partners. Because this survey did not ask about condom use with specific partners, we do not know whether participants with multiple recent partners, who reported not always using condoms, reserved their condom use for sex with casual partners. It was encouraging to find that a

higher proportion of men with multiple sex partners reported using condoms during anal sex "sometimes" or "always" than those with fewer partners. Interestingly, one of the more common reasons for not always using a condom among participants with 2 or more recent partners was "being in a mutually-faithful relationship." This response along with the high proportion of participants who reported several recent steady and non-steady partners suggest short-term, serially monogamous relationships were common. Because these relationships were generally short-lived, HIV status may not have been determined or even discussed, and these young men may be at higher risk for HIV and other STDs than they perceive.

The prevalence of alcohol and drug use was high. In comparison, the 1998 National Household Survey on Drug Abuse (NHSDA) conducted by the Substance Abuse and Mental Health Services Administration found that 50% of

young adults 21-29 years of age reported having used drugs at least once in their life and that 11% were current users (used in the last month). Almost three-quarters reported being high or buzzed on alcohol or drugs during sex in the past 6 months and this was also cited as a reason for unprotected sex among over a quarter of the participants with recent multiple partners.

The prevalence of HIV among these 23-29 year old men (5%) was over twice the prevalence found among the 15-22 year old men surveyed in Phase 1 (2%) indicating that HIV transmission continues to occur among MSM in their twenties. The difference in HBV (anti-HBc) prevalence was even more striking. Only 5% of Phase 1 participants had markers of prior HBV infection compared to 19% of Phase 2 participants. A minority of participants reported HAV and HBV vaccination indicating the ongoing need to promote vaccination by educating both young gay men as well as their health care providers.

As of this writing, data collection was still underway at the other YMS sites and results for comparisons were therefore not available.

In summary, our results demonstrate the continued need for effective education and prevention efforts among younger MSM in the Seattle-King County area focusing on 1) safer sex practices including perceived safety of brief serial monogamous relationships, 2) the risk contributed by drug and alcohol use, and 3) increasing HAV and HBV vaccination rates.

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¹MacKellar D, Valleroy, Karon J, Lemp G, Janssen R. The Young Men's Survey: Methods for estimating HIV seroprevalence and risk factors among young men who have sex with men. **Public Health Rep** 1996;111:138-144.

